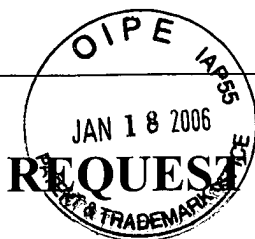


RCE/3738

JPW/



U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL FORM (37 C.F.R. § 1.114)

DOCKET NO. 2880/351	APPLICATION SERIAL NO. 09/988,777	EXAMINER Hieu Phan	ART UNIT 3738
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INVENTOR: Tormala et al.

Address to:

Mail Stop RCE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

Date: 1/13/06

Signature: Leresa Laky

This is a **Request for Continued Examination** under 37 C.F.R. § 1.114 (RCE) of pending application Serial No. 09/988,777, filed on November 20, 2001, entitled **JOINT PROSTHESIS**.

The following constitute the submission **required** by 37 C.F.R. § 1.114(a) and is attached:

- ☒ **X** (Preliminary) Amendment
☐ Information Disclosure Statement and Form PTO-1449
☐ Drawing Changes
☐ Other Submission: _____

1. The filing fee for this RCE and the required amendment/submission is calculated below. The fee below is calculated based on the status of the claims after the entry of the attached amendment/submission. The fee for any new additional claims is included with this RCE, the fee for previously entered additional claims having already been paid.

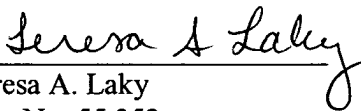
	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA*	RATE (\$) PER CLAIM	FEE (\$)
BASIC FEE						790.00
TOTAL CLAIMS	39		39	0	50.00	0.00
INDEPENDENT CLAIMS	2		2	0	200.00	0.00
MULTIPLE DEPENDENT CLAIM					390.00	
				*Number extra must be zero or larger	TOTAL	790.00
	If Applicant is a small entity under 37 C.F.R. §§ 1.9 and 1.27, then divide total fee by 2, and enter amount here.					SMALL ENTITY TOTAL
						.00

2. Please charge the required RCE and submission filing fee of **\$790.00** to the deposit account of **Kenyon & Kenyon LLP**, deposit account number **11-0600**.
3. The Commissioner is hereby authorized to charge payment of the fees, including any additional fees required, associated with this communication or arising during the pendency of this application, or to credit any overpayment, to the deposit account of **Kenyon & Kenyon LLP**, deposit account number **11-0600**.
4. A duplicate copy of this transmittal form is enclosed.

Respectfully submitted,
KENYON & KENYON LLP

Dated:

1/13/06


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